FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------|-------------|----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | | | |

37 Estimated average burden hours per response: 0.5

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

| | | | | | 01 0 | Jecuit | 30(11) | or tile ii | iivestiiie | iii Coi | lipally Act | 01 13 | 40 | | | | | | | |
|---|---|--|---|---------|---|---|---------------------------------------|------------|-----------------------------------|---|---------------------|--------|---------------|---|---|---|---|---|------------------------|--|
| 1. Name and Address of Reporting Person [*] Bittel Stephen | | | | | 2. Issuer Name and Ticker or Trading Symbol Great Lakes Dredge & Dock CORP [GLDD | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | 1 |] | | | | | | | | | X | Direc | ctor | | 10% O | wner | |
| | | | | | 1 | 1 | | | | | | | | _ | | Office | er (give title | | Other (below) | specify |
| (Last) (First) (Middle) 2122 YORK ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/29/2012 | | | | | | | | | | belov | w) | | below) | |
| 2122 10 | rat rtoriz | | | | | | | | | | | | | _ | | | | | | |
| (Street) | | | | | 4. If | Ame | ndment, | Date o | f Origina | l Filed | (Month/Da | ay/Ye | ar) | | . Indiv ine) | idual o | r Joint/Group | Filing (C | heck A | pplicable |
| OAK BR | OOK II | . (| 50523 | | | | | | | | | | | | X | Form | n filed by One | ng Pers | on | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | 1 010 | | | | |
| | | Tabl | e I - Nor | -Deriva | ative | Se | curitie | s Acc | quired | , Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Dispos Code (Instr. 5) | | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Se | | Securities Beneficially Owned Following | | rship irect direct 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 06/29/ | | | | | /2012 | | | A | Π | 3,247 | 7 A | | \$ | 0 | 102,786 | | D | | | |
| | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | tate, Transaction | | | | 6. Date I Expirati (Month/I | on Dat | | Amount | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Date | | Expiration | | or | ount nber | | | | | | |

Explanation of Responses:

/s/ Kathleen M. LaVoy, by power of attorney

07/03/2012

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.